

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities  
Home and Community Based Services (HCBS)

## ATTENDANT CARE/HOUSEKEEPING AGREEMENT

INDIVIDUAL'S NAME <i>(Last, First, M.I.)</i>	DATE
NAME OF INDIVIDUAL HCBS PROVIDER <i>(Last, First, M.I.)</i>	FEIN <i>(TAX I.D. NO.)</i>

HOUSEKEEPING TASKS <i>(Continued)</i> <i>(Check Applicable Items)</i>	FREQUENCY	ESTIMATE TASK DURATION	INSTRUCTIONS
Kitchen			
<input type="checkbox"/> Floor			
<input type="checkbox"/> Counter tops			
<input type="checkbox"/> Outside cabinets			
<input type="checkbox"/> Wash dishes			<input type="checkbox"/> Hand <input type="checkbox"/> Dishwasher
<input type="checkbox"/> Dry dishes			<input type="checkbox"/> Hand <input type="checkbox"/> Dishwasher
<input type="checkbox"/> Store dishes			
<input type="checkbox"/> Clean refrigerator			
<input type="checkbox"/> Other <i>(Specify)</i>			
Living room/Dining room			
<input type="checkbox"/> Floor			
<input type="checkbox"/> Dust <i>(e.g., tables, furniture)</i>			
<input type="checkbox"/> Other <i>(Specify)</i>			
Miscellaneous Duties			
<input type="checkbox"/> Take out garbage <i>(Curb side only)</i>			
<input type="checkbox"/> Wash laundry			<input type="checkbox"/> Hand <input type="checkbox"/> Machine
<input type="checkbox"/> Dry laundry			<input type="checkbox"/> Hand <input type="checkbox"/> Machine
<input type="checkbox"/> Fold laundry			
<input type="checkbox"/> Shopping for food and household			
<input type="checkbox"/> Other <i>(Specify)</i>			

COMMENTS/SPECIALIZED INSTRUCTIONS *(e.g., list cleaning methods - vacuum, sweep, mop, scour with cleanser, disinfect, wipe down with cleaner, etc.)*

### AGREEMENT

THIS IS A MUTUAL AGREEMENT BETWEEN THE RESPONSIBLE PERSON

\_\_\_\_\_ OF  
*(Print name of responsible person)*

\_\_\_\_\_ *(Print name of individual with developmental disabilities)*

AND THE HCBS SERVICE PROVIDER

\_\_\_\_\_ *(Print name of HCBS Service Provider)*

SIGNATURE OF RESPONSIBLE PERSON	DATE
SIGNATURE OF HCBS SERVICE PROVIDER	DATE
SIGNATURE OF SUPPORT COORDINATOR	DATE

See reverse for EOE/ADA.

## REQUIREMENTS/LIMITATIONS

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- ♦ The individual/family is responsible for providing all cleaning supplies.
- ♦ The service is to be performed **only** for the individual's personal area(s) (*e.g., bedroom, bathroom*) and/or common areas of the home used by the individual.
- ♦ The service is **not** authorized to include cleaning after parties, preparing meals for the whole family, major carpet cleaning (*i.e., shampooing*), routine lawn and yard care, or pet care and cleaning pet accidents.
- ♦ Cleaning of dishes is limited to two meals worth of dishes.
- ♦ Prior Support Coordinator approval is necessary for heavy cleaning, such as cleaning ceilings, moving heavy furniture and/or appliances, washing walls, etc.
- ♦ Prior Support Coordinator approval is necessary for yard work: hauling debris; hauling water; gathering, hauling, sawing and chopping wood; caring for livestock used for consumption.
- ♦ The individual/family is responsible to provide the money for supplies and food in advance of the purchase if the provider is expected to shop for food and household supplies.
- ♦ If shopping is an expected part of the service, the shopping is done within the time allocated for the service.
- ♦ Laundry is limited to the individual's clothing, bed and bath linens.

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-6825.